

INSTRUCTIONS

Test 1 is designed to test the knowledge and skills of doctors and nurses regarding the clinical use of pulse oximetry and oxygen. Individual results must not be made public (without the subject’s consent).

- Please use a black or blue ballpoint pen.
- Print all written entries with BLOCK CAPITAL LETTERS.
- Mark boxes with a cross (X) where requested (e.g. ☒).
- Answer every question.
- If you make an error - draw a line through the error and write the correct value next to it. Date and initial the correction.




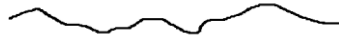

PART A – General information

1	Hospital Name	
2	Date of birth (dd/mm/yyyy)	___/___/_____
3	Age	___ Years
4	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
5	Job Title	
6	Job Category	<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Assistant <input type="checkbox"/> Student Nurse (training) <input type="checkbox"/> House Officer / Corps Member <input type="checkbox"/> Resident (Family Medicine or Paediatric training) <input type="checkbox"/> Consultant Family Physician <input type="checkbox"/> Consultant Paediatrician <input type="checkbox"/> Other Doctor (specify): _____ <input type="checkbox"/> Other Job Category (specify): _____
7	How long have you worked at this hospital?	___ Years ___ Months
8	How long have you worked in Paediatrics?	___ Years ___ Months
9	How long have you worked in Maternity or Newborn care?	___ Years ___ Months

PART B - Training on pulse oximetry and the use of oxygen for children

10	Did you receive <u>training on pulse oximetry</u> during your Doctor/Nurse training?	<input type="checkbox"/> NO <input type="checkbox"/> YES
11	Did you receive <u>training on the use of Oxygen for Children</u> during your Doctor/Nurse training?	<input type="checkbox"/> NO <input type="checkbox"/> YES
12	Have you used the “Pulse oximetry Training Video”? (provided by the Oxygen Project Team)	<input type="checkbox"/> NO <input type="checkbox"/> YES – I used it in the past month <input type="checkbox"/> YES – I used it in the past year <input type="checkbox"/> YES – I used in more than a year ago
13	Have you attended the “Clinical Use of Oxygen” course? (provided by the Oxygen Project Team)	<input type="checkbox"/> NO <input type="checkbox"/> YES – I attended in the past month <input type="checkbox"/> YES – I attended in the past year <input type="checkbox"/> YES – I attended more than a year ago
14	Have you had any other training on Pulse Oximetry or the use of Oxygen for Children <u>at your hospital</u> ?	<input type="checkbox"/> NO <input type="checkbox"/> YES – I attended in the past month <input type="checkbox"/> YES – I attended in the past year <input type="checkbox"/> YES – I attended more than a year ago <i>Specify:</i>
15	Have you had any other training on Pulse Oximetry or the use of Oxygen for Children <u>anywhere else</u> ?	<input type="checkbox"/> NO <input type="checkbox"/> YES – I attended in the past month <input type="checkbox"/> YES – I attended in the past year <input type="checkbox"/> YES – I attended more than a year ago <i>Specify:</i>

PART C – Quiz. Answer True or False for every question.		
	EXAMPLE. Nigeria is:	
	a. A country in Africa	<input checked="" type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	b. An island in Asia	<input type="checkbox"/> ₁ TRUE <input checked="" type="checkbox"/> ₂ FALSE
1	The pulse oximeter measures: YES/NO PULSE OXIMETRY Q's	
	a. The patient's respiratory rate (RR)	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	b. The patient's heart rate (HR)	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	c. Percentage of haemoglobin saturated with oxygen	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	d. The patient's blood pressure (BP)	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
2	False readings on an oximeter can be caused by:	
	a. Strong lights shining on the probe	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	b. Dark skinned patients	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	c. Breathing oxygen from a mask	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	d. Nail varnish (paint on nails)	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
3	Regarding oxygen saturations (SpO ₂):	
	a. Saturation should be measured in every child that is admitted to hospital	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	b. Saturation of 88% is OK in a healthy 2-year-old	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	c. Saturation is normally less than 95% in children	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	d. Pre-term neonates normally have lower saturations than older children	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
4	The following clinical signs indicate the need for urgent resuscitation:	
	a. Fever	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	b. Severe respiratory distress (e.g. grunting, gasping, severe chest indrawing)	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	c. Convulsions (seizures, fits)	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	d. Coma (unconscious or barely conscious)	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
5	Oxygen concentrators: OTHER QUESTIONS – not included in analysis	
	a. Take a few minutes to reach adequate oxygen concentration	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	b. Must be turned off for at least one hour every day	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	c. Must have the external filter cleaned every week	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	d. Can be used for more than one patient simultaneously	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
6	To test whether oxygen is reaching the patient you should:	
	a. Listen for a noise – any noise is good	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	b. Look at the flow meter – it shows what flow is reaching the patient	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	d. Put the nasal prongs in water and look for bubbles – bubbles show gas flow through the prongs	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE
	e. Look at the colour of the patient's skin – if they are not blue the oxygen must be working	<input type="checkbox"/> ₁ TRUE <input type="checkbox"/> ₂ FALSE

PART D – Scenarios. Choose the best action for each of the following scenarios.		
	<p>EXAMPLE</p> <p>SpO2(%) PR(bpm)</p> <p>99 117</p> <p>Pleth</p> 	<p>EXAMPLE: A 4-year-old child has a cough and fever.</p> <p><input checked="" type="checkbox"/>₁ This is a normal reading, continue routine care, this is a normal reading</p> <p><input type="checkbox"/>₂ The SpO2 is low, start oxygen therapy</p> <p><input type="checkbox"/>₃ Do nothing, check again in 10 minutes</p> <p><input type="checkbox"/>₄ Poor pleth waveform, check the probe placement and try again</p> <p><input type="checkbox"/>₅ This is an Emergency, call for urgent help and start oxygen therapy</p>
7	<p>SpO2(%) PR(bpm)</p> <p>97 107</p> <p>Pleth</p> 	<p>A 9-month baby is having a convulsion (fit). SCENARIOS</p> <p><input type="checkbox"/>₁ This is a normal reading, continue routine care</p> <p><input type="checkbox"/>₂ The SpO2 is low</p> <p><input type="checkbox"/>₃ Do nothing, check again in 10 minutes</p> <p><input type="checkbox"/>₄ Poor pleth waveform, check the probe placement and try again</p> <p><input type="checkbox"/>₅ This is an Emergency, call for help and start oxygen therapy</p>
8	<p>SpO2(%) PR(bpm)</p> <p>87 142</p> <p>Pleth</p> 	<p>A 2-year-old child comes to hospital with fast breathing.</p> <p><input type="checkbox"/>₁ This is a normal reading, continue routine care</p> <p><input type="checkbox"/>₂ The SpO2 is low, start oxygen therapy</p> <p><input type="checkbox"/>₃ Do nothing, check again in 10 minutes</p> <p><input type="checkbox"/>₄ Poor pleth waveform, check the probe placement and try again</p> <p><input type="checkbox"/>₅ This is an Emergency, call for help and start oxygen therapy</p>
9	<p>SpO2(%) PR(bpm)</p> <p>-- 110</p> <p>Pleth</p> 	<p>A 12-month child has a cough and fever.</p> <p><input type="checkbox"/>₁ This is a normal reading, continue routine care</p> <p><input type="checkbox"/>₂ The SpO2 is low, start oxygen therapy</p> <p><input type="checkbox"/>₃ Stop oxygen, check again in 10 minutes</p> <p><input type="checkbox"/>₄ Poor pleth waveform, check the probe placement and try again</p> <p><input type="checkbox"/>₅ This is an Emergency, call for help and start oxygen therapy</p>
10	<p>SpO2(%) PR(bpm)</p> <p>99 144</p> <p>Pleth</p> 	<p>An 1700g newborn baby is on oxygen therapy (1LPM).</p> <p><input type="checkbox"/>₁ This is a normal reading, continue routine care</p> <p><input type="checkbox"/>₂ Reduce oxygen flow rate, the SpO2 is too high for a preterm neonate</p> <p><input type="checkbox"/>₃ Stop oxygen, check again in 10 minutes</p> <p><input type="checkbox"/>₄ Poor pleth waveform, check the probe placement and try again</p> <p><input type="checkbox"/>₅ This is an Emergency, call for help and start oxygen therapy</p>